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2025 USRDS: A Fundamental Failure of Systems of Access Placement in the US

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No disclosures

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United States Renal Data System (USRDS) is a national data system that collects, analyzes, and distributes information about end-stage renal disease (ESRD) in the United States, in conjunction with CMS, the United Network for Organ Sharing and the ESRD Networks.

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Six goals:

1. Characterize the ESRD population
2. Describe prevalence and incidence of ESRD, with trends in mortality and disease rates
3. Investigate relationships among patient demographics, treatment modalities, and morbidity

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Six goals (cont'd):

4. Identify new areas for special renal studies and support research
5. Provide data to support research studies by the Special Studies Center
6. Report the costs and total burden of ESRD in the US.

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Reports are published yearly based on data obtained 2 years prior

Most recent report of 2025 thus is based on 2023-4 data

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Reduce the proportion of adult dialysis patients who rely on catheters for dialysis — CKD-08

Revised

Objective Overview

Data Charts and Tables

Data Methodology and Measurement

Status: Getting worse

Learn more about our data release schedule

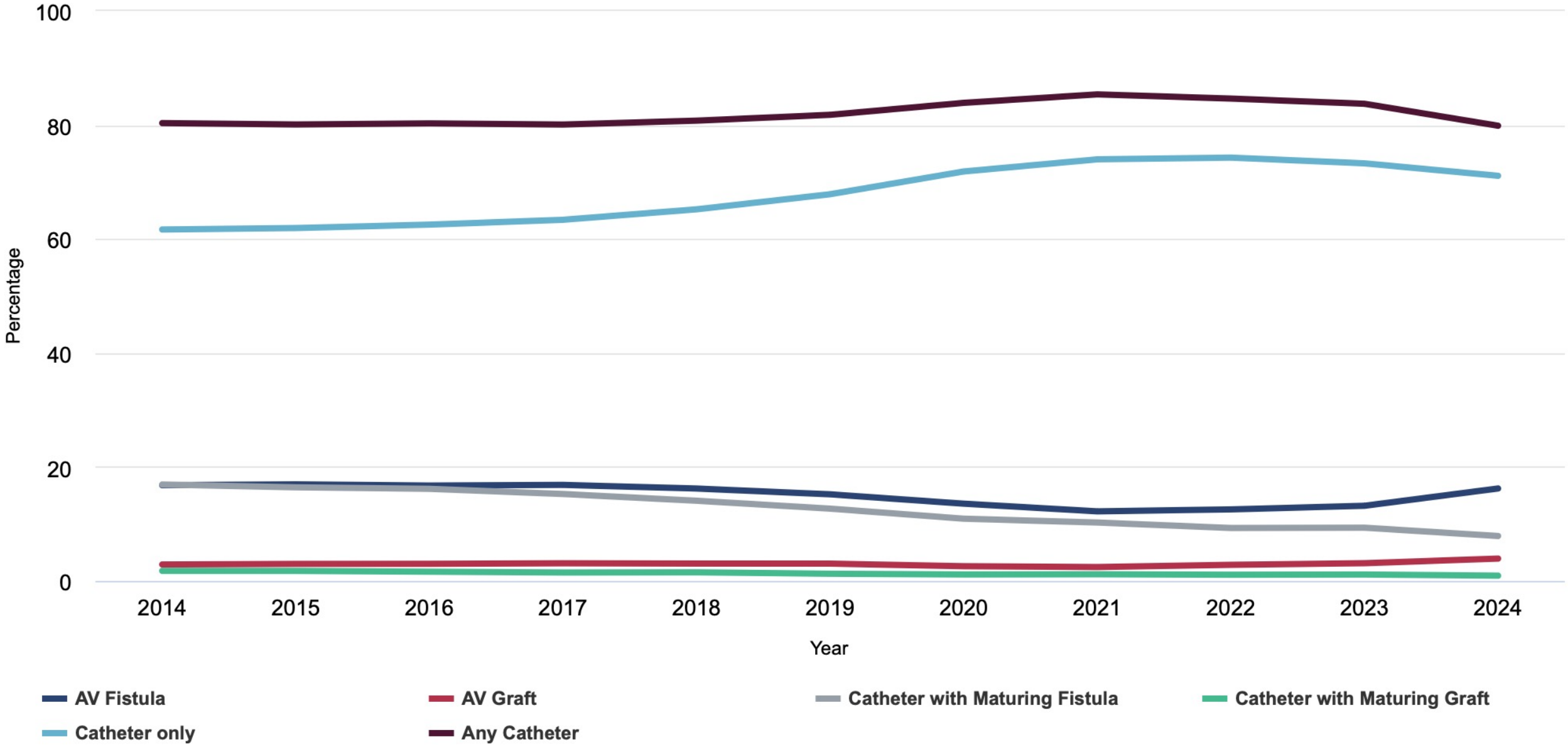
Most Recent Data:
24.6 percent (2023)

Target:
10.0 percent [1]

Desired Direction:
Decrease desired

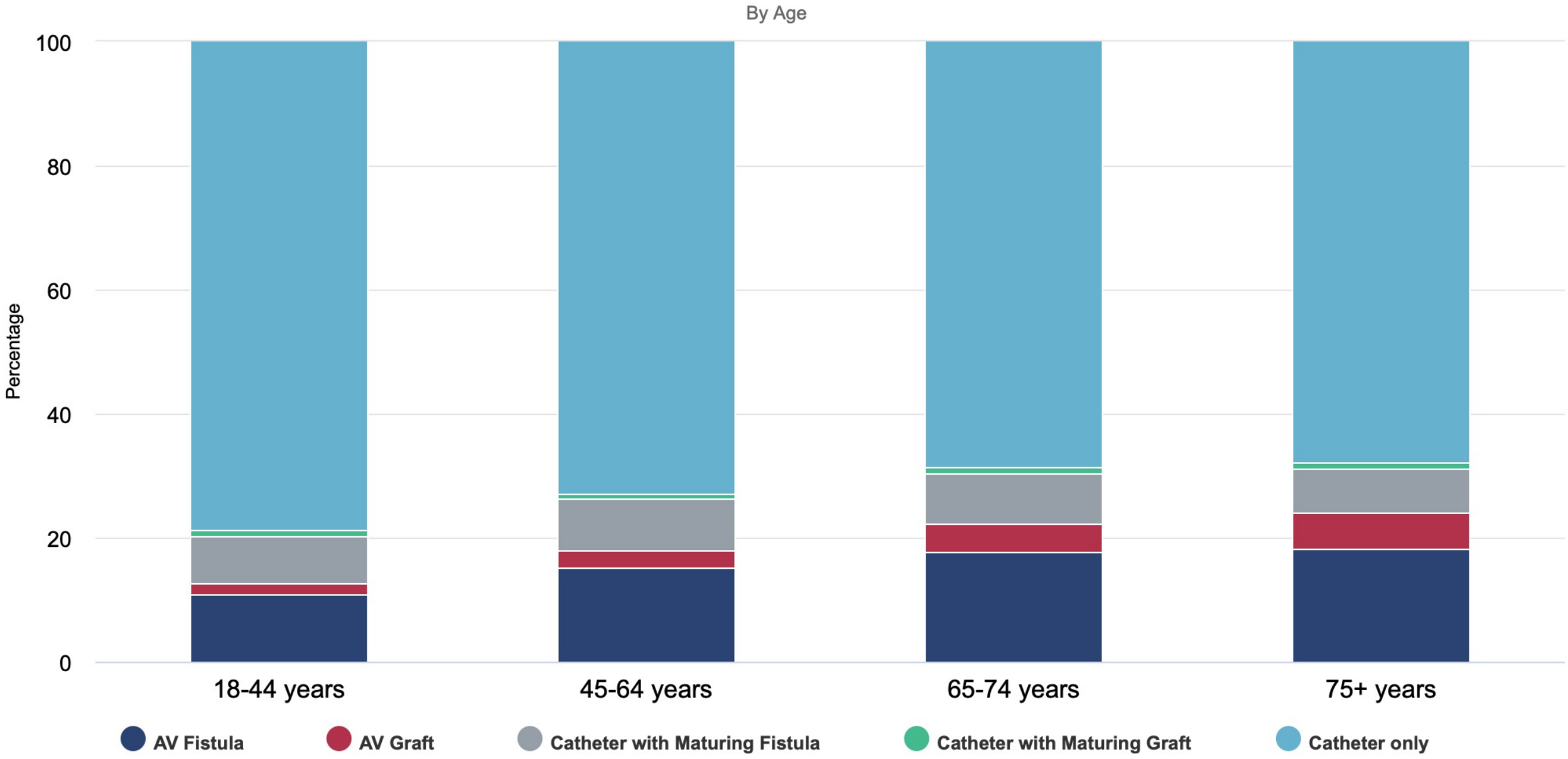
Baseline:
16.7 percent of end-stage kidney patients aged 18 years and over used a catheter as the only mode of vascular access in 2016 [2]

Figure 4.1 Vascular access use among adults initiating HD, 2014-2024



Data Source: 2025 United States Renal Data System Annual Data Report

Figure 4.2 Vascular access use among adults initiating HD, by patient characteristics, 2024

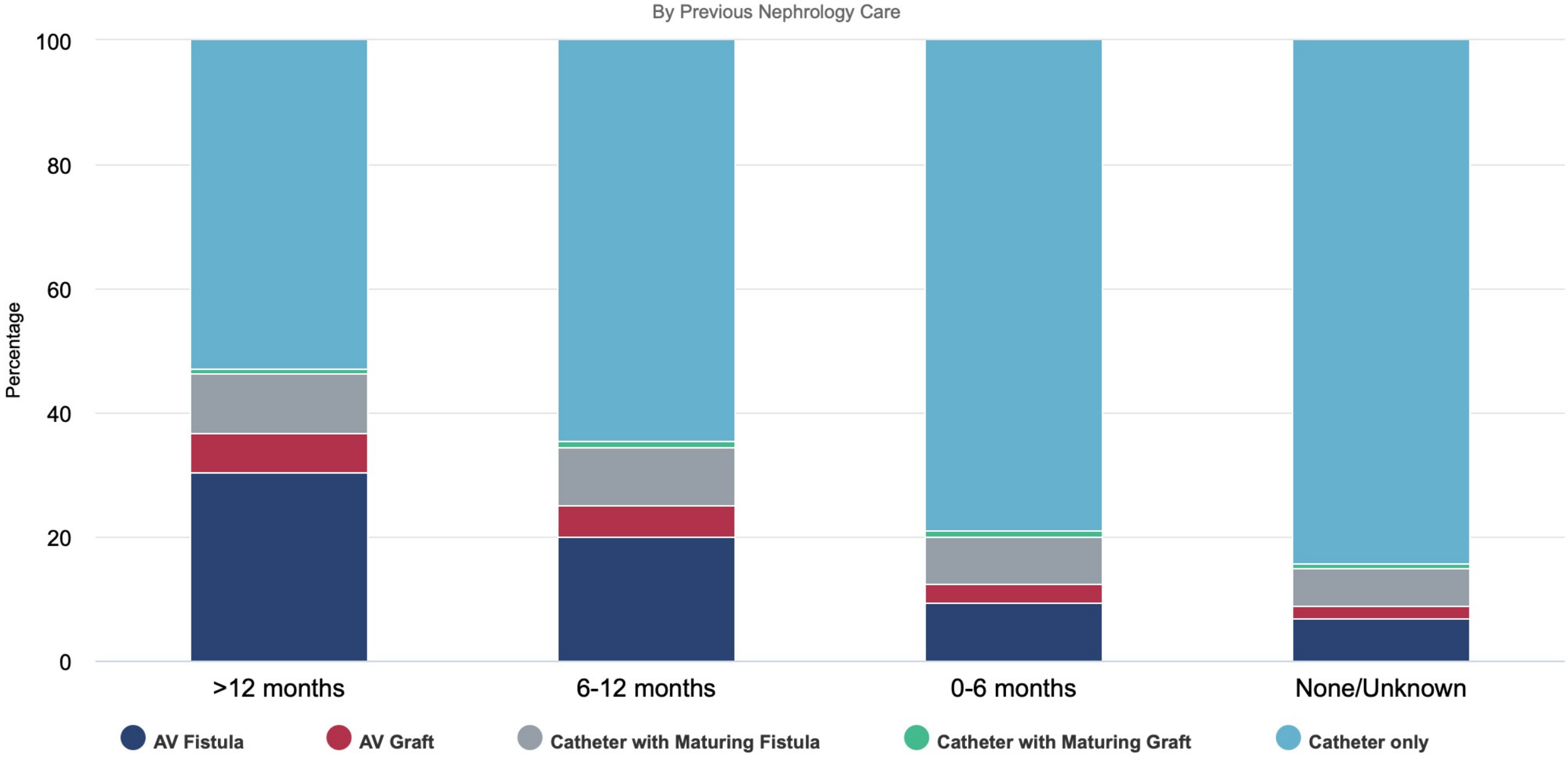


Data Source: 2025 United States Renal Data System Annual Data Report

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The high percentage of young people starting HD with a catheter, who should be the most optimal for AVF, represents “a fundamental failure of approach to access placement”.

Figure 4.2 Vascular access use among adults initiating HD, by patient characteristics, 2024

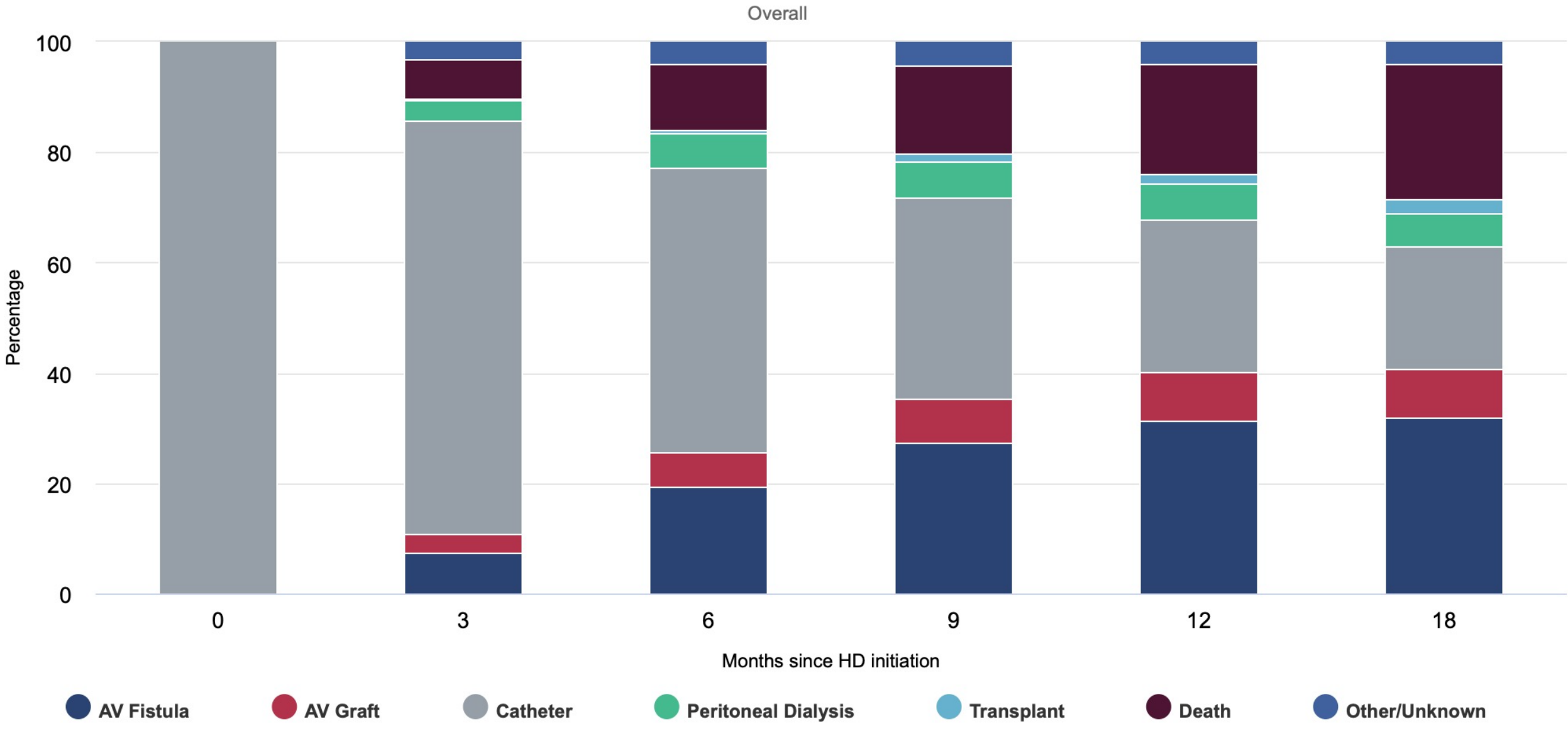


Data Source: 2025 United States Renal Data System Annual Data Report

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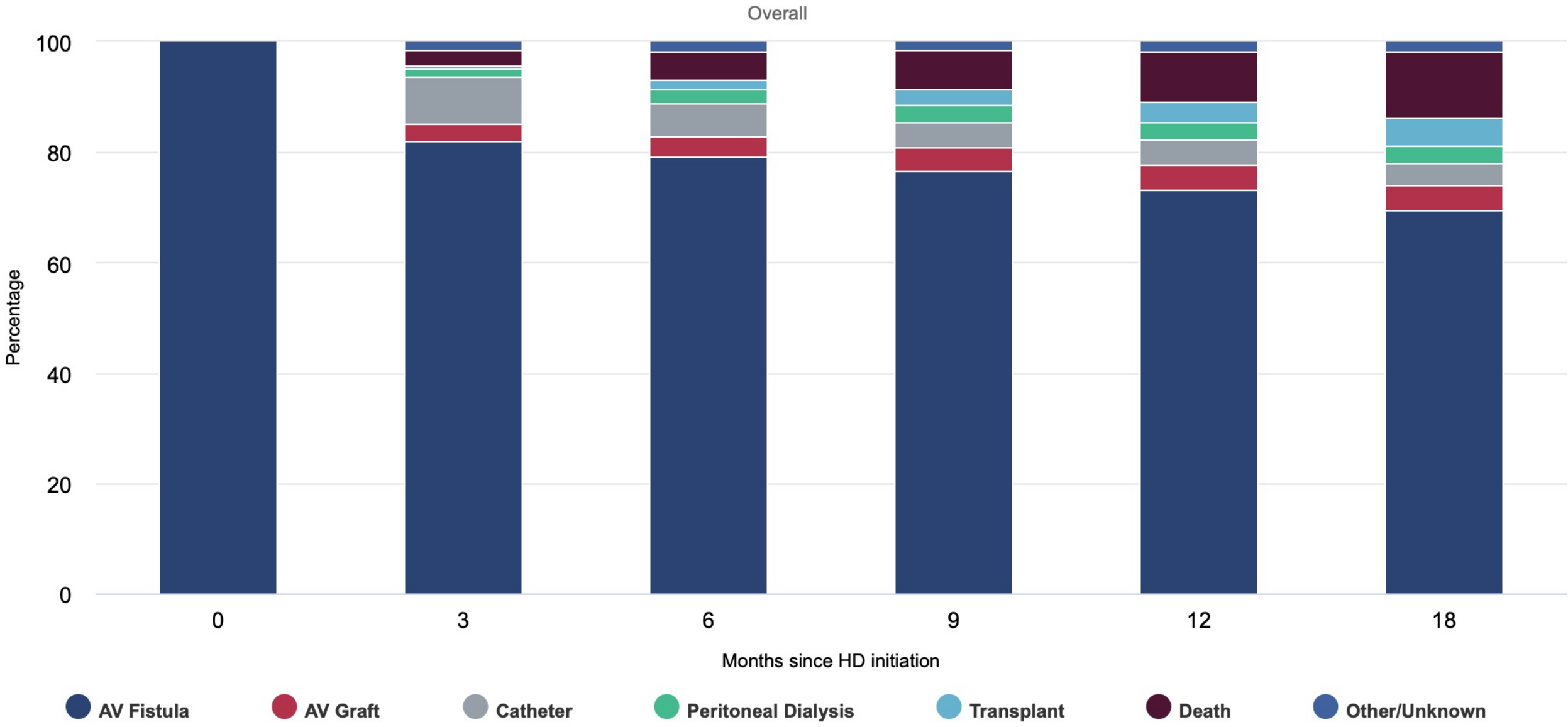
Even where patients had more than a year of pre-ESRD nephrology care, only 1/3 started with AVF or AVG

Figure 4.8b Change in vascular access type and other outcomes over the 18 months following HD initiation with a catheter in 2023



Data Source: 2025 United States Renal Data System Annual Data Report

Figure 4.8c Change in vascular access type and other outcomes over the 18 months following HD initiation with a fistula in 2023



Data Source: 2025 United States Renal Data System Annual Data Report

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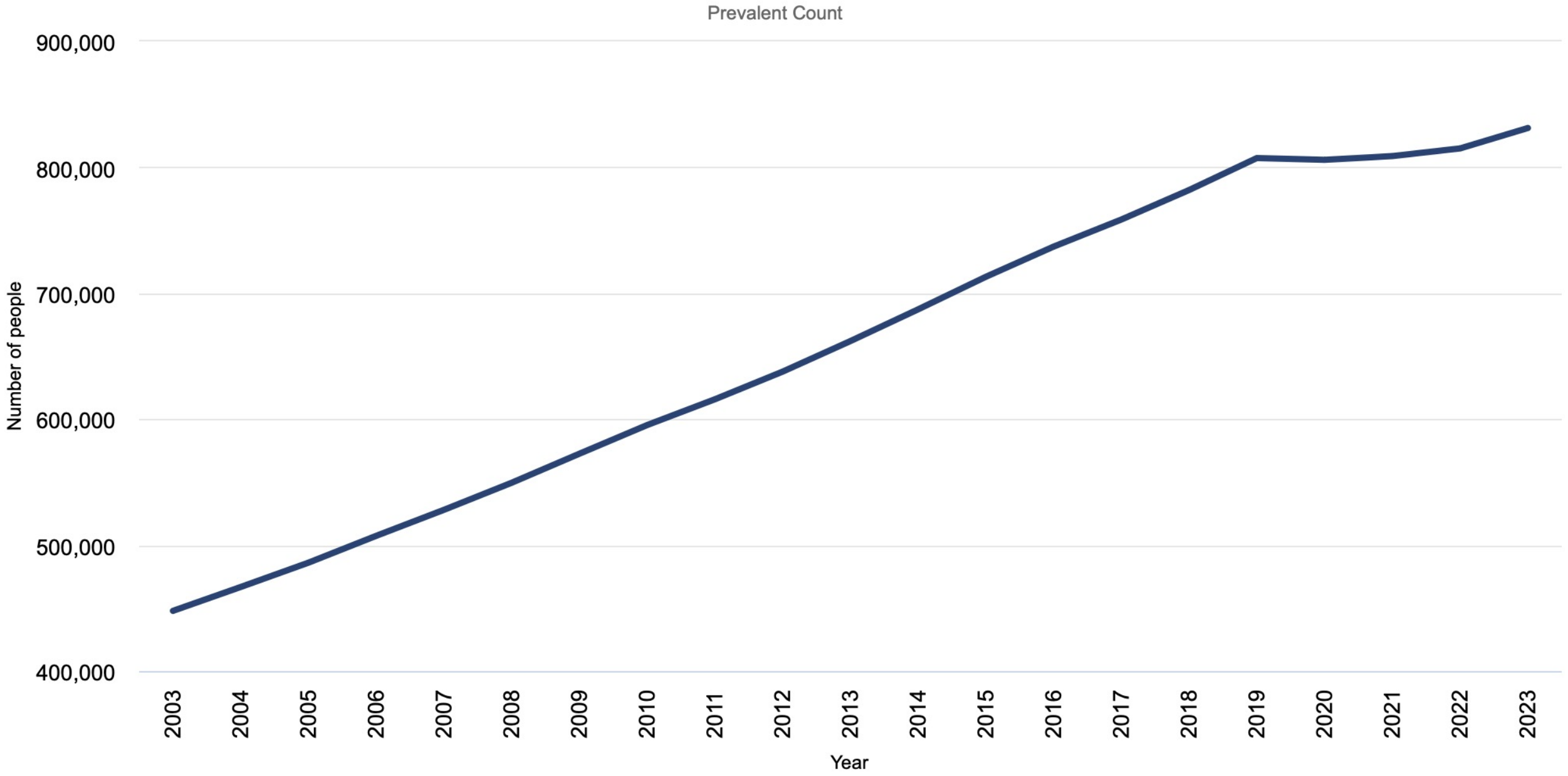
These data confirm the higher mortality that comes with CVC

After 18 months, 25% of those who initiated with CVC have died in comparison to about 10% in those with AVF

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Improving catheter rates at initiation isn't just a matter of getting the patients to the nephrologist or vascular surgeon sooner

Figure 1.10 Cases and rate of ESKD, 2003-2023



Data Source: 2025 United States Renal Data System Annual Data Report

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CMS changed Part B fee schedule in 2017, reducing reimbursement by nearly 40% for vascular access procedures performed in outpatient vascular access centers

More than 20% of vascular access centers closed in 2018

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Several years later, CMS initiated the Kidney Care Choices ,a value-based care payment model that incentivizes an "optimal start" to treatment of kidney failure.

This may explain the drop in the % of patients starting HD with any catheter or with a catheter alone from 2022-2024

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Projected physician shortages - 21% deficit in nephrologists by 2037

If the underserved were able to use health care services like those with fewer barriers, shortages would be even more substantial.

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CMS cap restricts Medicare funding for residents

Established by Balanced Budget Act of 1997, these caps are based on a hospital resident count in 1996.

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The shortage in nephrologists will be difficult to mitigate due to declining interest in the field among internal medicine residents

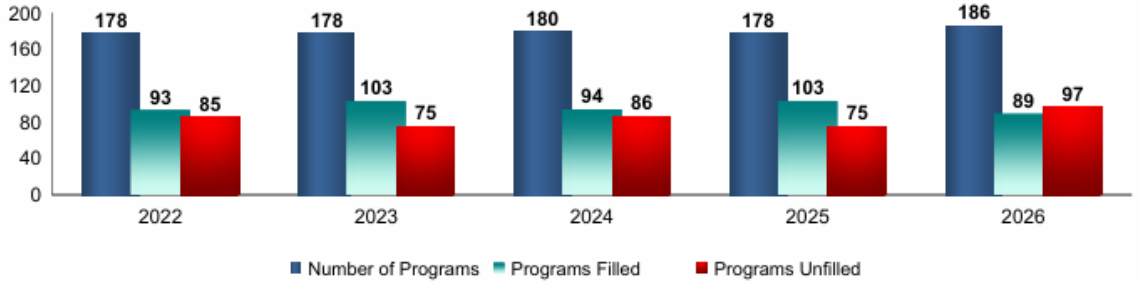
2024 Match saw 11% drop in candidates and only 66% spots filled

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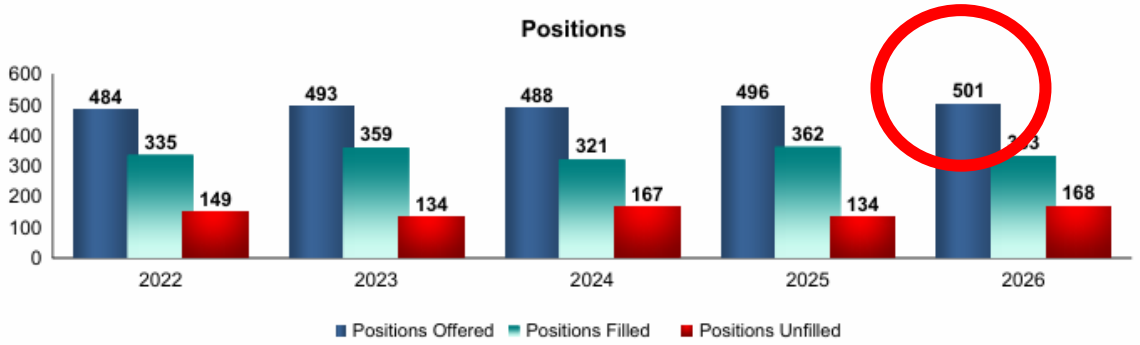
Fellowship Match Trends by Specialty and Appointment Year

Nephrology

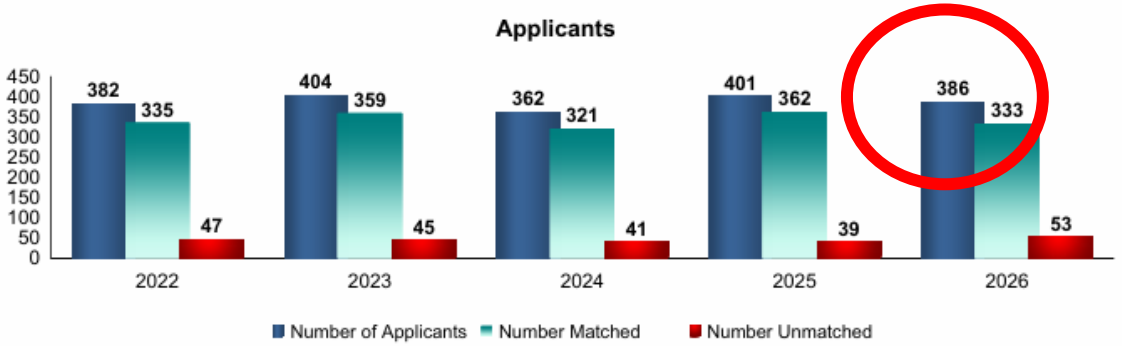
Programs



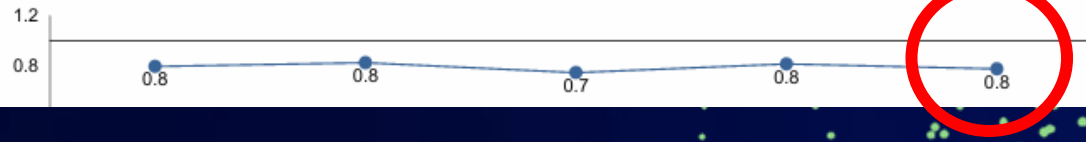
Positions



Applicants



Number of Applicants Per Position and Percent of Applicants Matched



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- Healthcare is changing:
  1. Increasing use of non-MDs with expanding scope of practice
  2. Patients may rely more on episodic care from Urgent Care or retailers.
     CVS Kidney Care, a sponsor of Home Dialysis Central since 2019 - 20 clinics within 10 miles EUHM

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Healthcare is changing:

3. Patients will increasingly depend on social media for healthcare info

4. Doctors will nearly all be employed.

As of 1/1/24:

- 22.4% own their practice
- 55.1% in health systems
- 22.5% in corporate entities

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Healthcare is changing:

5. Research is currently underfunded by government agencies. With current emphasis on RVUs in the private sector, there may be few incentives to pursue a career as physician-scientist

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Better news in the USRDS report about the prevalent population that Dr. Lee will present